## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

atent Application of **MAIL STOP AMENDMENT** éruyuki Yatabe et al. Group Art Unit: 3767 Application No.: 10/509,657 **Examiner: Catherine Witczak** Filing Date: September 29, 2004 Confirmation No.: 2288 Title: INJECTION NEEDLE WITH NEEDLE POINT OFFSET FROM CENTRAL PLANE(AS AMENDED)

## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclos	sed is a reply for the above-identified patent application.						
	A Petition for Extension of Time is enclosed.						
	Terminal Disclaimer(s) and the $\square$ \$ 65 $\square$ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.						
	Also enclosed is/are:						
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 405 \$\square\$ \$810 fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.						
	Applicant(s) previously submitted on for which continued examination is requested.						
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i is enclosed.						
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.						

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$\boxtimes$	No additional claim fee is required.								
	An additional claim fee is required, and is calculated as shown below:								
			AMENDE	D CLAIMS					
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional	Fee		
Total Claims		11	20	0	x \$ 50 (1202)	\$			
Independent Claims		3	3	0	x \$ 210 (1201)				
☐ If A	mendment adds m	\$							
Total	\$								
☐ Sm	nall Entity Status cla	aimed - sub	tract 50% of Tota	l Claim Ame	endment Fee				
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$			
	Charge to Deposit Account No. 02-4800 for the fee due.  A check in the amount of is enclosed for the fee due.								
	Chargeto credit card for the fee due. Form PTO-2038 is attached.								
$\boxtimes$									
			Respectfully	/ submitted	l,				
			Buchanan I	NGERSOLL	& ROONEY PC				

Ву:

Matthew L. Schneider Registration No. 32814

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

Date November 17, 2007

$\boxtimes$	No additional cl	aim fee is	required.					
	An additional cl	aim fee is	required, and is	calculated	as shown below:			
			AMENDE	D CLAIMS				
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee		
Total Claims		11	20	0	x \$ 50 (1202)	\$		
Independent Claims		3	3	0	x \$ 210 (1201)			
☐ If A	\$							
Total	\$							
☐ Sm	all Entity Status cla	aimed - sub	tract 50% of Total	I Claim Ame	ndment Fee			
TOTA	\$							
	Charge to Deposit Account No. 02-4800 for the fee due.  A check in the amount of is enclosed for the fee due.							
	Chargeto credit card for the fee due. Form PTO-2038 is attached.							
$\boxtimes$	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.							
			Respectfully	y submitted	,			
			Buchanan I	NGERSOLL	& ROONEY PC			
Date	November 17, 20	207	By: <u></u>	ew L. Schn	eider			

Registration No. 32814

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